

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Workers for a Better Hawaii

(b) Address (number and street) ☐ check if different than previously reported

888 Mililani Street Suite 601

(c) City, State and ZIP Code

Honolulu

HI

96813

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title radio ads

0 5 / 0 1 / 2 0 1 0

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Mrs. Maureen Wakuzawa

(b) Address (number and street)

888 Mililani Street

(c) City, State and ZIP Code

Honolulu

HI

96813

(d) Name of Employer or Principal Place of Business

Hawaii Government Employees Associatio

(e) Occupation

Controller

9. Total Donations This Statement

100000.00

10. Total Disbursements/Obligations This Statement

41844.80

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mr. Derek Mizuno

SIGNATURE Electronically Filed by Mr. Derek Mizuno

DATE 05/02/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.